



Please complete, sign, and /return this form via the Application Supplement by **April 30th**.

**HEALTH INFORMATION**  
(PLEASE TYPE or PRINT LEGIBLY)

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Name of Student's Doctor

Phone Number

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Health Insurance Carrier

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Policy Number

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Allergies (student must provide own Epi-pen)

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Special Food Needs

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Known Medical Conditions

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Prescriptions to be brought with Student

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**PARENT/GUARDIAN**

Please initial if you wish to give Business Week Staff permission to dispense to your child, if necessary, over-the-counter medication such as Tylenol, Advil, cough medicine, eye drops, etc. Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardians Initials \_\_\_\_\_.

If your son/daughter develops a physical issue requiring treatment during Business Week, we will contact you to approve treatment or request you pick up him/her.